

This is the first review of the 2011-2016 strategic period. This document is meant to provide guidance and an opportunity to refine goals and objectives to ensure the agency is on course to achieve its strategic priorities and vision.

2011-2016 Strategic Plan Summary

Central District Health Department
January 2012

Foreword

The Central District Health Department (CDHD) Strategic Planning Program currently in place has a historical progression that dates back to 2008. Subsequent revisions of the plan have included minor formatting changes. In 2009, CDHD utilized Quality Improvement to address challenges in the current strategic planning model and inefficiencies in the plan. As a result, CDHD implemented a new strategic planning model and an operational-style strategic plan. Following the first strategic planning period, senior leadership decided that further revisions were necessary to ensure forward momentum on the most important strategic priorities. Therefore, the 2011 plan reflected an increased emphasis on agency-wide strategic priorities, but also included program-level strategic priorities for those programs that provide services directly to the community.

Table of Contents

Foreword	1
Introduction	3
Agency Priorities	4
Strategic Priority 1: Decrease Tobacco Initiation and Use.....	4
Significant Achievements and Milestones for Strategic Priority 1	6
Strategic Priority 2: Decrease Obesity	7
Significant Achievements and Milestones for Strategic Priority 2	9
Program Priorities.....	10
Strategic Priority 1: Health Improvement	10
Significant Achievements and Milestones for Strategic Priority 1	13
Strategic Priority 2: Health Protection	14
Significant Achievements and Milestones for Strategic Priority 2	18
Conclusion	19

Introduction

The purpose of this document is to summarize and present the results of the first review of the 2011-2016 Strategic Plan to all Central District Health Department (CDHD) staff, Health District 4 Board of Health members and community partners.

The analysis of each of the strategic priorities, goals, objectives and measures provided in this document are intended to assist department leaders in making evidence-based decisions in future strategic planning efforts.

This document is broken into three sections: agency priorities, program priorities and conclusion. With approval from the Board of Health, the Director determines the agency priorities. Program priorities have been set by the Program Managers with approval from the Director and Deputy Director, and focus on the key functions of each program that are responsible for providing direct services to the community.

Each agency and program strategic priority has goals and objectives that were determined at the time the plan was developed. The agency strategic plan includes measures to determine if objectives were met; however, they are not specifically listed in this document. Rather, the outcomes of the measures are described for each objective. At the end of each goal is a brief summary articulating the successes or challenges to meeting the goal. Achievements and milestones are detailed at the end of each strategic priority section. Because this is a five-year plan, some goals and objectives were not slated to start in the first year; therefore, they are noted as not being addressed during this operational strategic period.

The conclusion articulates the intended use of this document and provides input for review and refinement for the next strategic period.

Agency Priorities

Strategic Priority 1: Decrease Tobacco Initiation and Use

Goal 1.1. Achieve tobacco-free publicly owned multi-housing complexes in Health District 4.

Objective 1.1.1. By March 2011, work with three to six publicly owned multi-housing complexes or apartments to enact tobacco-free policies.

Outcome: Twenty-one publicly owned multi-housing complexes were approached about instituting smoke-free policies. Three of multi-housing unit complexes adopted smoke-free policies.

Summary

Working towards tobacco-free publicly owned multi-housing complexes in Health District 4 is a lofty goal. Rather than working with individual complexes, a policy approach that can be consistently applied to publicly owned multi-housing complexes may be more effective in eliminating tobacco use.

Goal 1.2. Achieve tobacco-free public parks in Health District 4.

Objective 1.2.1. By March 2011, promote tobacco-free policies in one to three parks.

Outcome: As a result of promoting tobacco-free policies in parks, Health District 4 was successful in getting three public parks to adopt smoke-free policies.

Objectives 1.2.2. and 1.2.3. were not addressed during this operational strategic period.

Summary

The efforts of Health District 4 to promote tobacco-free policies in public parks were successful. Continued work in this area will likely result in further success as city and county officials demonstrate increasing acceptance of policies to protect and promote healthy living in their communities. Long-range strategic objectives have yet to be addressed, but momentum is building, which will likely result in successful completion of this goal by 2016.

Goals 1.3 and 1.4 were not addressed during this operational strategic period.

Goal 1.5. Decrease tobacco initiation and use by increasing tobacco costs.

Objective 1.5.1. By April 2011, collaborate with community partners to educate legislators and encourage them to support a tobacco tax increase.

Outcome: Some efforts were made by the Director and Health Promotion program to gain support for a statewide tobacco tax increase; however, it was determined that the political climate was not conducive to gaining support for the 2011 legislative session.

Objective 1.5.2. was not addressed during this operational strategic period.

Summary

The current economic and political climate is not conducive to increasing taxation. Nonetheless, there is interest by non-profit organizations and local health departments for continuing to put a tobacco tax increase on the legislative agenda. While this objective was not met in 2011, work is still being done to get a statewide tobacco tax increase passed. Plans are in place to monitor future tobacco sales and spending trends in Idaho in order to measure the effectiveness of a tobacco tax increase should it pass.

Goal 1.6. Decrease tobacco use among clients of pediatric and family practice offices.

Objective 1.6.1. By July 2011, develop a physician education program that can be used as a tool to assess tobacco use, discuss health risks of tobacco use and exposure, and refer users to the 211- Idaho Careline and other community resources.

Outcome: A collaborative effort between Health District 4 and Blue Cross identified physician offices to administer an education program. In addition, educational materials were identified and ordered. The program is currently being developed and is scheduled to be implemented in 2012.

Objectives 1.6.2. and 1.6.3. were not addressed during this operational strategic period.

Summary

This project is in its infancy. Once implemented, the effectiveness of the education program will be evaluated and findings will be reported to key stakeholders.

Goal 1.7. Reduce tobacco use among pregnant women enrolled in the Women, Infants, and Children (WIC) program.

Objective 1.7.1. By June 2011, enroll 100 women in the “Quit Tobacco” cessation program.

Outcome: From July 2010 to June 2011, 246 pregnant females who were enrolled in the WIC program also entered the “Quit Tobacco” cessation program. Of those enrolled, 115 completed the program. Thirty-nine (33.9%) participants reported quitting tobacco use at

3-months post-program and 19 (16.5%) reported reducing tobacco use at 3-months post-program.

Summary

The goal to reduce tobacco use among pregnant females enrolled in the WIC program was successful. Interestingly, 146 participants were enrolled in the “Quit Tobacco” program in the first quarter of the strategic planning period, but only 33, 36, and 31 were enrolled in subsequent quarters. This trend should be examined to determine what caused the reduction in enrollment after the first quarter. Aside from the anomaly in enrollment numbers, the program itself should be considered a success. As a result of the intervention, 58 (23.6% of the total number enrolled) pregnant females quit or reduced their tobacco use.

Significant Achievements and Milestones for Strategic Priority 1

Top Achievements and Milestones	
Program(s)	Achievement
Health Promotion	Successfully influenced three parks to implement smoke-free policies
Women, Infants, and Children	Successfully implemented an intervention that resulted in 58 pregnant females quitting or reducing tobacco use

Strategic Priority 2: Decrease Obesity

Goal 2.1. By June 2016, reduce the prevalence of obese adults in Health District 4.

Objective 2.1.1. By June 2011, reduce the percentage of pregnant WIC participants in the “greater than ideal” weight category from 45.6% to 43%.

Outcome: Unfortunately, the WIC Nutrition Surveillance Trend Data showed an increase in “greater than ideal” weight over the course of 2011. From the first to last quarter of the strategic planning period, “greater than ideal” weight increased from 48% to 50.7%.

Objective 2.1.2. By June 2011, utilize Activate Treasure Valley nutrition and activity policy guidelines to assist businesses in creating worksite policies.

Outcome: Policies have been developed, but none have been implemented.

Summary

There are opportunities for improvement in addressing the prevalence of obese adults in Health District 4. To achieve desired results among pregnant females at a “greater than ideal” weight, it is recommended that a new evidence-based intervention be identified and implemented; the current strategy is not successful in obtaining the desired outcome.

Working collaboratively with employers to address adult obesity is a good goal. However, more dedicated resources are needed in this area if the objective is to be achieved. There are many opportunities for policy and systems change.

Goal 2.2. By June 2016, decrease the prevalence of overweight and obese children in Health District 4.

Objective 2.2.1. By June 2011, accept/endorse communication opportunities to increase awareness about childhood obesity.

Outcome: Nine communication efforts were made in 2011.

Objective 2.2.2. By June 2011, partner with organizations and businesses to increase breastfeeding, access to healthy and affordable food and beverage options.

Outcome: 17 organizations or businesses established breastfeeding space or increased access to healthy and affordable food and beverage options.

Objective 2.2.3. By June 2011, partner with organizations and businesses to incorporate experiential nutrition education opportunities.

Outcome: Eight new partnerships were developed with organizations or businesses. Each incorporated experiential nutrition education opportunities with assistance from Health District employees.

Objective 2.2.4. was not addressed during this operational strategic period.

Objective 2.2.5. By June 2011, educate organizations and businesses to increase options for daily physical activity.

Outcome: This objective was not met.

Objective 2.2.6. By April 2011, develop a physician education program that can be used as a tool to assess and educate patients and their families for obesity and diabetes.

Outcome: A physician education program proposal was developed that focused on diabetes. The proposal was approved and the education program is currently under development.

Objective 2.2.7. By June 2011, implement a physician education program.

Outcome: This objective was not met.

Objective 2.2.8. was not addressed during this operational strategic period.

Objective 2.2.9. By June 2011, conduct a public opinion survey to assess parental intent to eat at fast food restaurants.

Outcome: This objective was not met.

Objective 2.2.10. By June 2012, reduce the percentage of WIC children at risk for being overweight from 13.5% to 11.5%.

Progress Update: During the 2010 strategic planning period, data from the WIC Nutrition Surveillance Trend database indicated that 13% of WIC children were at risk for being overweight.

Objective 2.2.11. By June 2012, reduce the percentage of WIC children who are overweight from 9% to 8%.

Progress Update: According to the WIC Nutrition Surveillance Trend database, 8% of WIC children were considered overweight during the strategic planning period. The decrease in overweight WIC children met the goal of 8%.

Objective 2.2.12. By June 2011, increase the percentage of WIC breastfed infants at one month of age from 62.9% to 65.9%.

Outcome: Although data were not available to evaluate the effectiveness of the program, current trends from 2010 indicate an increase from 62.9% to 66.7%.

Objective 2.2.13. By June 2011, increase the percentage of WIC breastfed infants at six months of age from 32.5% to 35.5%.

Outcome: 2011 Pediatric Nutrition Surveillance System data indicate that 34.8% of WIC infants are breastfed at six months of age, which is an increase from 32.5%, but short of the 35.5% goal.

Objective 2.2.14. was not addressed during this operational strategic period.

Summary

While some positive efforts were made in addressing obesity, particularly in WIC, much more attention and resources need to be directed towards this goal if the intent of the organization is to make a real impact on obesity in the community. A revaluation of these goals and objectives is warranted prior to the next operational strategic planning period.

Goal 2.3. was not addressed during this operational strategic period.

Goal 2.4. Support built environment initiatives that address obesity into the next decade.

Objective 2.4.1. By June 2011, develop and sustain collaborative relationships, which support Smart Growth.

Outcome: Three relationships were developed and sustained during the strategic period. One organization, Community Planning Association of Southwest Idaho (COMPASS), applied for Smart Growth funding, but the award was not granted.

Summary

Further emphasis is needed in this area to effectively influence key stakeholders and work towards a built environment that promotes healthy living, while decreasing environmental risk factors for obesity.

Significant Achievements and Milestones for Strategic Priority 2

Top Achievements and Milestones	
Program	Achievement
WIC	Positively influenced breastfeeding rates among WIC clients

Program Priorities

Strategic Priority 1: Health Improvement

Goal 1.1. Reduce the incidence of unintended pregnancies.

Objective 1.1.1. By June 2012, increase client participation by 10% in family planning services at CDHD.

Progress Update: From June 2010 to May 2011, 5,949 unduplicated clients were seen, a decrease of 400 clients compared to the previous year. The decrease can be explained by two clinician vacancies. Client numbers are increasing since the positions were filled.

A survey to assess the effectiveness of a media campaign to raise awareness of family planning services was conducted. Findings indicated that radio ads were rarely how the clients heard about services at CDHD. However, there were concerns about the validity of the survey questions, and as a result, changes have been made to the questions.

Objective 1.1.2. By June 2011, increase WIC client awareness of reproductive health services available at CDHD by 40%.

Outcome: To raise awareness of reproductive health services available in Health District 4, three steps were taken. WIC made reproductive health service brochures available in their lobby area, letters that inform clients about the services available at the reproductive health clinic are now provided to new moms attending their first WIC appointment, and a tent card is visible in each of the clinical assistant rooms that highlight the services available in the reproductive health clinic.

In addition, a survey was administered to WIC clients to examine if awareness of reproductive health services increased following the implementation of enhanced education/information efforts. Results of this survey indicated that increasing visibility of reproductive health services to WIC clients by using additional strategies has resulted in increased awareness in the Boise office (61% compared to 49% in 2010) of this service, though willingness to utilize reproductive health services remained unchanged at 45%. However, there was an increase from 10% to 13% who identified themselves as already being a reproductive health client. When the Mountain Home and McCall offices are included, overall awareness increased to 74% and willingness to use services increased to 54%. This finding could suggest that when clients access care through the same reception area their overall awareness and comfort for seeking care at that facility improves. Additionally, 33% of McCall clientele and 19% of Mountain Home clientele identified they were already reproductive health clients.

Objective 1.1.3. was not addressed during this operational strategic period.

Summary

The Reproductive Health Clinic is actively taking steps to increase client participation with the intent to decrease unintended pregnancies. WIC is supporting this goal by raising awareness about the services provided at the Reproductive Health Clinic. WIC is providing information to clients through three different mediums. A survey to measure the effectiveness of their efforts was conducted and has shown positive results.

Goal 1.2. was not addressed during this operational strategic period.

Goal 1.3. Reduce the number of reported caries in children participating in the WIC program.

Objective 1.3.1. By June 2011, increase the number of WIC children who receive fluoride varnish from 628 to 650.

Outcome: The WIC program was successful in providing fluoride varnish to 988 children participating in WIC from July 2010 to June 2011. This far exceeds their goal of 650.

Summary

One evidence-based approach to decreasing caries among children is applying varnish. The WIC program not only met their goal, but exceeded it by 52%.

Goal 1.4. Increase application of dental varnish to children ages 6 months to 6 years receiving healthcare services at Family Medicine Residency of Idaho (FMRI).

Objective 1.4.1. By June 2011, increase knowledge about oral health prevention, application of dental varnish, and appropriate current procedural terminology (CPT) coding for pediatric patients.

Outcome: Health District 4 and FMRI were awarded United Way funding to further support screening and fluoride varnish work being conducted at the FMRI refugee health clinic.

Summary

Although needed dental services were provided to an at-risk population, there is no evidence to determine if knowledge about oral health prevention, application of dental varnish, and appropriate CPT coding for pediatric patients was increased. Better measures or indicators are needed to determine if this goal is being met.

Goal 1.5. Increase numbers of dentists willing to see children ages 1 to 3 years old.

Objective 1.5.1. By June 2012, increase the number of dentists serving ages 1 to 3 by 15% above Boise State University oral health survey numbers collected in 2010.

Progress Update: Efforts were made to recruit offices for dental homes; however, some local dentists were dropped as Medicaid providers resulting in a decrease in available dentists. Meetings with local federally qualified health centers and Idaho State University dental program resulted in an increase in dental homes for refugees. At the end of this strategic planning period, two additional providers were identified and it was determined that there is currently adequate dental resources in the community to serve children ages 1 to 3 years old.

Summary

This goal may have been based on historic data or trends that indicated a shortfall in access to dental care; however, upon exploration of this issue CDHD concluded that the problem with getting children ages 1 to 3 years old into dental care is not an access issue. It is recommended that this goal be reevaluated in the next revision of the strategic plan.

Goal 1.6. Reduce prevalence of low hemoglobin in infants and children who participate in the WIC program.

Objective 1.6.1. Reduce the percentage of low hemoglobin in infants and children from 10.8% to 7.8%.

Outcome: Low hemoglobin in infants and children were reported at 7.1%, exceeding the goal of 7.8%.

Summary

The WIC program was successful in reducing the prevalence of low hemoglobin in infants and children; decreasing the risk for iron deficiency anemia.

Goal 1.7. Support advancement of mental health and substance abuse awareness and services in Health District 4.

Objective 1.7.1. Participate in statewide effort to transform Idaho's behavioral health system, Region 4 Mental Health Advisory Board and Region 4 Regional Advisory Committee (RAC) for substance abuse meetings.

Outcome: The Director attended 19 meetings that addressed mental health and substance abuse issues in Health District 4. Meetings took place with the following organizations: Family Advocacy Center and Education Services, Mental Health Access to Children, RAC on Substance Abuse and Treatment, and Region 4 Mental Health Board.

Objective 1.7.2. was not addressed during this operational strategic period.

Summary

This goal is rather arbitrary, which makes it difficult to measure success. CDHD continued to have a voice in the community that would support the advancement of mental health and substance abuse awareness and services.

Goals 1.8. and 1.9. were not addressed during this operational strategic period.

Significant Achievements and Milestones for Strategic Priority 1

Top Achievements and Milestones	
Program(s)	Achievement
WIC	Provided fluoride varnish to 988, exceeding their goal of 650
WIC	Reduced the percentage of low hemoglobin in infants and children to 7.1%

Strategic Priority 2: Health Protection

Goal 2.1. Reduce the risk factors and disease burden of preventable infectious diseases

Objective 2.1.1. By June 2011, improve immunization rates among WIC clients 0-24 months old from 74% to 79%.

Outcome: The goal of 79% was exceeded by an average of 3% in the last quarter of the strategic period. From July 2010 to June 2011, immunization rates in WIC clients 0-24 months old increased from 68% to 86%. Progress throughout the year indicates that a goal of 90% or better may be attainable with the current strategy.

Objective 2.1.2. By June 2012, increase district immunization rates from 75% to 80%.

Progress Update: Childhood immunization rates in Health District 4 remained stable from July 2010 to June 2011. Monthly rates varied from 72% to 82% during the strategic planning period.

Objective 2.1.3. was not addressed during this operational strategic period.

Objective 2.1.4. By July 2013, decrease errors and invalid address fields in the Idaho Immunization Reminder Information System (IRIS).

Progress Update: Immunizations staff were able to decrease the percent of “invalid entries due to no forwarding address” by 71.7% over the course of the strategic period. Unfortunately, an effort to “decrease the percent of bad addresses due to relocation” was not successful; rather, a four-fold increase was noted. This one-time effort was partially successful in updating records; however, policies should be put in place to institute a real-time sustainable solution to ensuring the validity of the data stored in IRIS.

Objective 2.1.5. was not addressed during this operational strategic period.

Objective 2.1.6. By March 15, 2011, support IDHW efforts to update and pass new school entry and childcare immunization rules in the upcoming legislative session in accordance with current Advisory Committee on Immunization Practices (ACIP) recommendations.

Outcome: On April 7, 2011, Idaho childcare and school immunization requirements were updated to follow age appropriate ACIP immunization recommendations.

Objective 2.1.7. By July 2012, develop a plan to provide Tdap and hepatitis B vaccines to high-risk adults (i.e., shelter populations and drug users).

Progress Update: During this strategic planning period, funding was awarded and used to purchase 305 adult doses of Tdap. The intent of the plan was to target new parents,

grandparents, and other high-risk adults caring for an infant less than six months of age. This prevention measure was targeted towards WIC clients, their household members and relatives. Unfortunately, securing hepatitis B vaccine to provide to high-risk adults was unsuccessful.

Objective 2.1.8. By December 2016, increase adolescent (11-15 years of age) vaccine rates.

Progress Update: From July 2010 to June 2011, over 1,200 immunization reminder cards were mailed to parents or guardians of adolescents. In addition, Tdap and meningococcal vaccines were offered at the annual Meridian and Boise School District Comprehensive Physical Exam Day in June 2010. From July to September 2010, Health District 4 held special event projects to increase immunization rates. From November 2010 to March 2011, school-based influenza vaccination clinics were held in Mountain Home and Glens Ferry.

Objective 2.1.9. By June 2011, apply for HIV/AIDS funding that will support the development of a prevention program that targets populations identified as high-risk in CDHD 2010 HIV/AIDS Report.

Outcome: This objective was not met. Funding opportunities were identified, but the staffing resources to develop a collaborative prevention program and apply for funding were not available.

Objective 2.1.10. By June 2011, decrease no-show and dropout rates among latent tuberculosis infection (LTBI) patients by 25%.

Outcome: This objective was not met. There was no cost-effective way to monitor no-show and drop-out rates among LTBI patients without taking much needed resources to provide clinic services and diverting them to program evaluation.

Objective 2.1.11. By December 2011, set evidence-based public health priorities for communicable disease prevention in Health District 4.

Outcome: Priorities were identified and reviewed by the Director and Deputy Director.

Objectives 2.1.12. and 2.1.13. were not addressed during this operational strategic period.

Summary

Some strides were made in implementing policies that promote vaccine uptake (e.g., WIC/Immunization linkage and Idaho rule changes), but several barriers continue to persist with identifying measurable outcomes. In addition, monetary or staffing resources needed to accomplish or measure some of these objectives were committed to higher-priority activities.

Goal 2.2. Protect health and prevent disease through assurance of physical environments that minimize exposure to harmful pathogens and environmental toxins or hazards.

Objective 2.2.1. By June 2011, renew contract securing CDHD's role as a statewide central contractor for childcare health and safety inspections.

Outcome: A contract securing our role as the statewide central contractor is in place.

Objective 2.2.2. By June 2011, review sewage disposal program procedures to ensure compliance with the 2010 statewide Sewage Disposal Standard Operating Procedures (SOP) Manual.

Outcome: The review was completed, and procedures prescribed by the SOP Manual were adopted and implemented.

Objective 2.2.3. By March 2011, enter into contract with the federal Food and Drug Administration (FDA), through IDHW, to perform food and safety inspections at a minimum of five food processing facilities in Health District 4.

Outcome: A contract was established between Health District 4 and the FDA. The contract requires that Health District 4 complete 10 facility inspections per year.

Objective 2.2.4. By June 2012, collaborate with community partners associated with Community Planning Association of Southwest Idaho (COMPASS) in reapplying for HUD Sustainable Communities Regional Planning Grant and HUD Community Challenge Grant.

Progress Update: Nine meetings were attended and input was provided by the health district on grant applications; however, the grant was not awarded. Health District 4 worked collaboratively with COMPASS to complete and publish the State Street Transit and Traffic Operational Plan. In addition, Health District 4 participated in COMPASS' planning committee to update the regional transportation plan, Communities in Motion.

Objective 2.2.5. By June 2013, assess community need for CDHD to support or conduct health impact assessments in Health District 4.

Progress Update: Participated in meetings with Idaho Smart Growth, explored the need for Health District 4 to develop the capacity to conduct Health Impact Assessments, and increased institutional knowledge on smart growth and activity living concepts.

Objective 2.2.6. was not addressed during this operational strategic period.

Summary

Objectives were met and ensured environmental risks factors that can result in exposure to harmful pathogens, toxins or other hazards were minimized. This included assurance of childcare inspections, food facility processing plants and sewage disposal systems. Efforts were also made to further explore opportunities for CDHD to be more involved in built environment decisions within Health District 4.

Goal 2.3. Expand content, evaluate, and promote Reveal4Real website.

Objective 2.3.1. By June 2011, increase awareness and knowledge of sexually transmitted infection (STI) incidence.

Outcome: This objective has been partially met. Small focus groups were held to measure the effectiveness of the Reveal4Real website. A pre and post-test was developed and used to measure awareness and knowledge of STIs. This study is still underway. Once the focus groups are completed, data will be collected, analyzed and reported to the Health District 4 management team and Board of Health.

In addition, a survey to measure the effectiveness of the media campaign to increase client visits indicated that there was an increase in visits to the Reveal4Real website.

Summary

Once this study is concluded, CDHD will have greater insight into what opportunities might exist to improve the Reveal4Real website.

Goal 2.4. Mitigate poor public health outcomes following public health-related emergencies.

Objective 2.4.1. By May 2011, score a minimum of 80% on the Cities Readiness Initiative, Technical Assistance Review (TAR).

Outcome: Health District 4 exceeded their goal of 80% in their annual Cities Readiness Initiative, Technical Assistance Review. A score of 87% was given by the Office of Public Health Preparedness and Response, Centers for Disease Control and Prevention.

Objective 2.4.2. By June 2011, ensure 85% of District Distribution Center and Point of Dispensing staff are proficient in skills to the level that they can train volunteers in assigned roles.

Outcome: 100% of staff requiring District Distribution Center training completed their training and applied their new knowledge in an exercise. In addition, 100% of staff requiring Point of Dispensing training completed their training while 79% also exercised their skills.

Objective 2.4.3. By June 2012, increase outreach efforts with elderly, refugee, and other vulnerable populations.

Progress Update: Seven new partnerships were established with agencies or organizations that are linked to vulnerable populations. In addition, Health District 4 held a Special Needs Summit where information was shared with key partners and further networking and collaboration took place.

Objective 2.4.4. By June 2011, establish a relationship with community pharmacies with the intent to gain support during public health emergencies (e.g., Point-of-Dispensing assistance and/or medication delivery).

Outcome: This objective was not met. It remains a priority for Health District 4, and will be addressed in the upcoming strategic planning period.

Summary

Significant progress was made in improving operational emergency response plans. In addition, staff were trained and are now better prepared to respond to a public health emergency. New partnerships were developed to improve the preparedness posture of the community by ensuring those who provide services and support to individuals with special needs have the knowledge and wherewithal to be effective during and immediately following an emergency.

Significant Achievements and Milestones for Strategic Priority 2

Top Achievements and Milestones	
Program(s)	Achievement
Immunizations/Administration	Idaho childcare and school immunization requirements were updated to follow age appropriate ACIP immunization recommendations with the support of CDHD
Public Health Preparedness	Achieved score of 87% on their Cities Readiness Initiative, Technical Assistance Review; exceeding goal of 80%
Public Health Preparedness	Trained 100% of staff requiring District Distribution Center and Point-of-Dispensing training; exceeding goal of 85%

Conclusion

As CDHD prepares to move into the next strategic planning period, there are opportunities for review and refinement. This document can serve as a tool for program managers, agency leaders and key stakeholders to evaluate progress of CDHD's goals and objectives. In some cases, revisions and new directions may be warranted in order to continue progressing towards the agency and program strategic priorities.

In addition to the summary of findings above, other considerations for the next revision include:

- Public Health Accreditation requirements for Standard 5.3: Develop and Implement a Health Department Organizational Strategic Plan and its measures
- Anticipatory guidance as a theory for promoting health and preventing disease among children and adolescents
- Policy, systems and environmental change as a theory for modifying the environment to make healthy choices practical and available to all community members
- Incorporation of health improvement and quality improvement plans into strategic goals